

- Sichkar, O.M. (2008). Prose of V. Drozd: Psychological aspects (Abstract of dissertation for the degree of Candidate of Philological Sciences, specialty 10.01.01 "Ukrainian Literature"). Kherson [in Ukr.]
- Tolmachova, V. (2018). The novel by V. Drozd Leaves of the Earth: Features of chronotope. *Ukrainian literature in the space of culture and civilization: a collection of*

- students' scientific works.* [Zaporizhzhia National University]. Pp.75–78 [in Ukr.]
- Zhulynskyi, M. (1999). Volodymyr Drozd: Through the eyes of the white horse Sheptalo. *Word and time*, (8): 55–56 [in Ukr.]
- Yashyna, L. (2004). The Gospel according to Volodymyr: Reflections on Volodymyr Drozd's trilogy Leaves of the Earth. *Slovo Prosvity*, 33: 10, August 12–18.

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#### THE MYTHOLOGICAL ASPECT OF V. DROZD'S EPIC NOVEL "LEAVES OF THE EARTH": PEDAGOGICAL APPROACHES TO TEACHING UKRAINIAN LITERATURE

**Summary.** Introduction. Volodymyr Drozd's epic novel, "Leaves of the Earth" is a landmark phenomenon in Ukrainian literature, being an artistically rich and original work about the inhabitants of the Chernihiv region. It is appropriate to use it in extracurricular reading lessons or in courses of local literature. However, recommendations for school-level study of this work have not been proposed yet. This encourages the search for educational approaches that will facilitate the study of V. Drozd's works in literature classes at the senior secondary school level.

The aim of the article is to outline ways of studying the novel in regional literature classes through the application of mythological analysis.

**Methodology.** The article employs analytical and synthetic methods of studying a literary work, including the analysis of plot episodes, expressive reading, and the examination of quotations and textual excerpts. In addition, research-based and inquiry-oriented activities are used, such as citation, heuristic discussion, and mythological analysis.

**Results.** The analysis of V. Drozd's epic novel *Leaves of the Earth* is proposed to conduct through the lens of its mythological dimension, which represents a significant facet of the author's artistic style. Textual analysis demonstrates that mythologism occupies one of the key positions in structuring the literary and serves to convey the author's principal ideas. The focus of the study is the mythological dimension of the novel, which permeates all levels of artistic structure: worldview, chronotope, plot and composition, imagery, symbolism, language, and philosophical content.


The observations presented are illustrated with extensive textual evidence and are further supported by the assessments of literary scholars.


**Scientific novelty.** The development of specific methodological recommendations has contributed to the formation of an approach that addresses the issue of studying Volodymyr Drozd's novel *Leaves of the Earth* in regional Ukrainian literature classes for grades 10–11.

**Conclusions.** While studying V. Drozd's novel *Leaves of the Earth*, students should be guided toward uncovering the mythological content of the work and interpreting the main mythologemes that permeate different levels of the literary text. Group work, textual research, research-based project activities, and heuristic discussions are all productive approaches. Such an approach promotes deeper understanding of the novel's philosophical and thematic content, particularly regarding love for the native land, intergenerational connections, urbanization, and the search for identity. Studying the mythological dimension of the novel enables senior students not only to grasp the artistic uniqueness of V. Drozd's work but also to reflect on their own connection to the history and culture of their homeland.

**Keywords:** myth; mythologeme; lesson in literature; teaching methodology; mythological analysis; textual analysis; mythological image.


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#### READING FOR RECOVERY: A REVIEW OF USING BOOKS TO TREAT ANXIETY AND DEPRESSION IN CHILDREN

This research takes a close look at the escalating crisis of depression and anxiety, which have unfortunately become the primary mental health challenges facing children and teenagers today. The

authors advocate for bibliotherapy – the strategic use of books and reading materials as a therapeutic tool – noting that it offers a practical, low-cost, and private alternative to traditional interventions that

*doesn't rely on a large medical staff. While the method shows immense promise, the study points out a lingering gap in deep scientific evidence regarding its actual effectiveness for younger populations. To bridge this gap, the researchers conducted a systematic review to determine if self-help reading can truly stand on its own as a primary treatment for the youth.*

*To get to the heart of the matter, the team performed a rigorous meta-analysis, pulling data from eight different randomized controlled trials that included nearly a thousand participants under the age of 18. They scoured major databases like PubMed and PsycINFO for all relevant data up through early 2017, ensuring their findings were grounded in a broad clinical context. By applying a random-effects model and focusing on "intention-to-treat" data, they maintained a high bar for ethical and statistical integrity, allowing them to compare bibliotherapy against standard control groups with a high degree of confidence.*

*The final results offer a clear sense of hope, showing that bibliotherapy led to a statistically significant drop in mental health symptoms compared to those who didn't receive the treatment. Beyond just being effective, the approach proved to be highly acceptable to the young patients themselves, with dropout rates remaining remarkably low and consistent with other types of care. Interestingly, when the authors looked at specific factors like age and parental support, they found that the most powerful positive outcomes occurred among adolescents struggling with depression. While the evidence for treating childhood anxiety is still a bit less certain, the study concludes that reading-based interventions are a vital tool for depressed teens, though more rigorous clinical trials are still needed to fully validate these early successes.*

**Keywords:** *psychotherapy; mental health issues; book-based intervention; kids and teens; systematic review; self-managed care.*

**Introduction.** Mental health issues are a growing concern for young people today, affecting nearly one-fifth of the youth population every single year (Belfer, 2008). For younger children between the ages of 6 and 12, about 2% deal with depression, but this number climbs significantly to between 2% and 8% for teenagers aged 13 to 18 (Costello et al, 2003; Cipriani et al, 2016). Experts have noticed that depression rates spike sharply during the teenage years, hitting their highest point right around the time of puberty (Thapar et al, 2012). Anxiety is also very common, affecting 3% to 5% of kids aged 6 to 12 and a much higher 10% to 19% of those aged 13 to 18, with these numbers continuing to rise lately (Essau & Gabbidon, 2013; Bandelow & Michaelis, 2015). Because of this, depression and anxiety have become the two most frequent mental health struggles for children and teens, and they often happen at the same time (Garber &

Weersing, 2010; Cummings et al, 2014). When young people face these challenges, it can lead to serious problems like doing poorly in school or work, having trouble making friends, or struggling with drug and alcohol use. Even more concerning is that these conditions increase the risk of self-harm, create a heavy emotional burden (Cipriani et al, 2016; Hill et al, 2011; Hopkins et al, 2015; James et al, 2013), and often turn into long-term mental health problems that follow people into their adult lives (Beesdo et al, 2007; Waszczuk et al, 2014). Using therapy is the standard and most respected way to treat depression and anxiety in children and teenagers today (Cuijpers et al, 2016). According to official clinical guidelines, these psychological treatments are considered the "gold standard" for helping young people manage their mental health (Hopkins et al, 2015; Malhi et al, 2015). Specifically, Cognitive Behavioral Therapy (CBT) is viewed as the most effective choice available for kids struggling with these issues (James et al, 2013; Zhou et al, 2015). However, even though we have strong proof that CBT works, it is very hard for people in lower-income countries to actually get this help (Olfson & Marcus, 2010). This gap in care happens because cases often go unnoticed, there is a social stigma linked to mental illness, and it is logistically difficult to reach a doctor (Owens et al, 2002; Polaha et al, 2015). To help fix this problem, there is a growing movement toward self-help options that make psychological support easier to find. These self-help methods work by giving a person the tools to improve their own health using structured resources like workbooks, videos, or online programs (Gellatly et al, 2007). Many different studies have already shown that these self-help strategies are effective at managing mood and anxiety problems in adults (Matcham et al, 2014; Cuijpers et al, 2010). One possible downside, however, is that trying to fix the problem alone might cause someone to wait too long before seeing a professional, which could make their condition worse if the self-guided tools aren't enough on their own (Ebert et al, 2016).

Reading books as a form of therapy, known as bibliotherapy, is based on proven psychological methods and offers a much easier way for people to get mental health support (Fanner & Urquhart, 2008; Mendel et al, 2016). Instead of just giving information, this approach uses self-help manuals that encourage patients to actively change their negative thoughts and habits to better control their emotions. Bibliotherapy helps reduce the shame of social stigma because it can be done

in private, and it also saves the time usually needed for doctor visits. Its main strengths are that it is easy to use, cheap, doesn't require many experts, and keeps things very private (Lewis et al, 2012; Shoshani Helvitz, 2016). Many large studies have already proved that bibliotherapy works well for treating a wide variety of emotional and physical problems in adults (Cuijpers et al, 2010; McNaughton, 2009; Fiske et al, 2009; Newman et al, 2003; Cuijpers, 1997; Gould & Clum, 1993). For example, R. Gould and G. Clum (Gould & Clum, 1993) looked at several self-help treatments and found that three studies on bibliotherapy for depression showed a strong positive effect of 0.74. Another researcher, P. Cuijpers (Cuijpers, 1997), looked at seven clinical trials and found an even larger effect size of 0.83 for depression, which proves how valuable it is. M. Newman, T. Erickson, A. Przeworski, and E. Dzus (Newman et al, 2003) also found that self-help books are effective for a very wide range of specific anxiety disorders.

This method works by using the main parts of Cognitive Behavioral Therapy (CBT), giving readers practical exercises to help them handle bad feelings. Usually, CBT is done in person with a professional and is known to be very helpful for kids with depression or anxiety (James et al, 2013; Zhou et al, 2015). The very first study by Rapee et al. (Rapee et al, 2006) on this topic showed that using books is a useful way to lower anxiety symptoms in children. All of these findings together suggest that bibliotherapy is a good way to treat depression and anxiety in kids and teenagers. However, there still aren't enough major reviews focusing specifically on how bibliotherapy works on its own for young people. Because of this, we looked at the existing research to see if using bibliotherapy by itself is truly effective and appropriate for treating depression and anxiety in youth.

**Purpose.** The goal of this study is to look closely at existing scientific research and large-scale reviews to see how well using self-help books on their own actually works for treating depression and anxiety in children and teenagers. By focusing on traditional meta-analysis data, the researchers want to figure out if reading-based therapy is a truly effective and suitable choice for young people who need mental health support but might not have access to a doctor.

**Methods.** The key tools of the study are monitoring, systemic and situational logical analysis, and the theoretical research method was also applied. To achieve the goal of our work, we conducted a literature survey on the

given topic using keywords and synonyms related to the topic of the work. To gather their data, the researchers followed the official PRISMA guidelines and searched through five major electronic databases, including PubMed, Embase, Cochrane, Web of Science, and PsycINFO, up until January 2017. They made sure to include all types of studies regardless of the language or year they were published. The team used a standard search strategy by looking for specific keywords and subjects across these databases. On top of that, they checked ClinicalTrials.gov and the World Health Organization's International Clinical Trials Registry Platform to find even more information. To be as thorough as possible, the authors of the meta-analysis also manually checked the reference lists of the papers they found and other review articles to identify any extra RCTs that might be useful.

**Results.** For this meta-analysis, the researchers specifically chose randomized controlled trials (RCTs) that looked at using bibliotherapy as the only treatment for kids and teenagers aged 6 to 18 who struggle with depression or anxiety. They decided to leave out any studies where books were just an extra tool used alongside regular therapy. In this study, bibliotherapy was defined as using self-help books to help patients manage their own mental health, either by themselves or with help from their parents, with very little or no help from a professional. If a therapist was involved at all, it was limited to short face-to-face meetings, phone calls, or emails. To see if the books actually worked, the authors compared them against different types of control groups, including people on a waiting list (WL), those getting no treatment (NT), those getting their usual care (TAU), or those given a psychological placebo (PBO). To make sure the selection was fair, two reviewers (SY and YQZ) independently checked the studies, first by reading the titles and then the full texts, while a third reviewer (XYZ) helped settle any disagreements. They only included studies that focused on children and teens with serious depression or anxiety and ignored trials that were only about preventing a relapse or maintaining previous progress. However, they did include patients who might have had more than one mental health condition at the same time.

In this part of the study, the authors explained how they measured success and checked the quality of the research. They defined the main goal, or primary efficacy outcome, as the average change in depression and anxiety scores from the start of the study

to the end of the treatment. Because depression and anxiety in young people are very closely linked (Cummings et al, 2014), the researchers decided to look at how the treatments affected both types of symptoms together in one unified analysis (Troster et al, 2009). If a specific trial used several different scales to measure symptoms, the authors picked the data from the best and most reliable scale based on a special ranking system they created (Hetrick et al, 2012; Zhang et al, 2015). They also looked at how "acceptable" the treatment was by tracking "all-cause discontinuation," which is just a fancy way of saying they counted how many patients dropped out for any reason during the main part of the study. To make sure the information was accurate, two independent investigators (SY and YZ) used a standard form to write down important details like the study's author, year, who paid for it, the number of patients, and the final results. They also used a special tool from the Cochrane Handbook (Higgins & Green, 2011) to check for any bias or mistakes in the trials they included. Just like in the earlier steps, if these two researchers couldn't agree on something, a third researcher (XZ) helped them make the final decision.

To analyze the data, the authors used a special program called Review Manager software, version 5.3, which is part of the Cochrane Information Management System. Because the studies they looked at were all very different in terms of medical conditions and settings, the researchers expected the results to vary quite a bit, so they used a specific math tool called the DerSimonian and Laird (DerSimonian & Laird, 1986) random-effects model for their meta-analyses (Riley et al, 2011). They calculated the final results using standardized mean differences (SMD) for general scores and risk ratios (RRs) for "yes or no" outcomes, along with 95% confidence intervals (CIs). To measure exactly how much the studies differed from each other, they used the Q statistic and the I<sup>2</sup> statistic (Higgins & Green, 2011), and they even checked if some studies were missing from the public record by using a "funnel plot" and Egger's regression test (Egger et al, 1997). The researchers also performed subgroup analyses to see if things like the type of disorder (depression or anxiety), age (under 13 versus 13 and older), the type of control group, or whether parents were involved made a difference. They even did extra checks, called sensitivity analyses, where they removed any small studies with 50 or fewer patients and focused on the intention-

to-treat (ITT) population to keep the results honest. When they first started searching, they found a total of 1,290 records, but after removing 291 duplicates, they were left with 999 studies. From there, they ignored 832 articles with irrelevant titles and had two researchers (SY and YZ) carefully check the remaining 37 studies. They ended up throwing out 29 more studies for several reasons: 4 were duplicates, 11 were not properly randomized, 6 didn't have the right control groups, and in 8 studies, they couldn't separate the data for kids from the data for adults. In the end, exactly eight studies (Rapee et al, 2006; Ackerson et al, 1998; Cobham, 2012; Jacob & De Guzman, 2016; Lyneham & Rapee, 2006; Rohde et al, 2015; Stice et al, 2010; Thirlwall et al, 2013) with a total of 979 patients met all the rules and were included in the final meta-analysis.

To begin the study, the researchers invited potential participants for an initial check-up using several different tools, such as the Hamilton Rating Scale for Depression, the Children's Depression Inventory, the Beck Depression Inventory, the Center for Epidemiologic Study Depression Scale, or the Anxiety Disorders Interview Schedule for DSM-IV (both Parent and Child Versions). Those who met the requirements were randomly split into either a bibliotherapy group or a control group, and parents were told their children would use self-help books for their treatment. During the study, the experimenters stayed in touch through weekly phone calls or emails just to keep track of how many workbook pages the kids read and how many exercises they finished, but they did not provide any actual counseling during these short talks. Everyone was tested both before and after the treatment period. The eight randomized controlled trials (RCTs) used in this analysis were published between 1998 and 2016, with sample sizes ranging from 30 to 252 patients, averaging about 101 people per trial. The average age of the participants was 12.81 years (ranging from 6 to 18 years old), and girls made up 58.98% of the total group. On average, the intervention lasted 8.25 weeks (ranging from 4 to 12 weeks) and included 8.71 sessions (ranging from 6 to 12). Out of these eight studies, four looked at depression and four looked at anxiety, and exactly half ( $n=4$ ) used a formal clinical interview to confirm a diagnosis. Two studies focused on children under 13, four focused on teenagers aged 13 and older, and two used a mix of different ages. While four studies included a follow-up check, and specifically the ones by Rapee et al. (Rapee et al, 2006)

and Cobham (Cobham, 2012) re-tested kids at 3 and 6 months, only two studies (Rohde et al, 2015; Stice et al, 2010) tracked both groups at the 6, 12, and 24-month marks. Because there wasn't enough information from everyone else, the authors couldn't make any firm conclusions about how well the treatment works in the long run.

By looking at eight different trials, the researchers compared how well bibliotherapy worked compared to regular control groups. They found that, overall, reading-based therapy had a clear advantage by the end of the treatment, with a Standardized Mean Difference (SMD) of  $-0.52$  (95% CI,  $-0.89$  to  $-0.15$ ;  $p=0.006$ ). However, the authors also pointed out that the results varied a lot between the different studies, which is shown by a high heterogeneity score ( $I^2=84\%$ ,  $p<0.00001$ ). When it came to whether patients actually liked or stayed with the treatment, there was no real statistical difference between the bibliotherapy group and the control group; the Relative Risk (RR) was  $1.66$  (95% CI,  $0.93$  to  $2.95$ ;  $p=0.09$ ), with a moderate level of variation ( $I^2=40\%$ ,  $p=0.14$ ). The researchers didn't find a huge difference when looking at different disorders in general ( $p=0.31$ ), but they did notice that bibliotherapy was much more effective for patients specifically dealing with depression (SMD= $-0.78$ , 95% CI  $-1.42$  to  $-0.14$ ;  $p=0.02$ ). On the other hand, the effect was not as strong for those with anxiety (SMD= $-0.36$ , 95% CI  $-0.88$  to  $0.17$ ;  $p=0.18$ ). The study also showed that the type of control group used really mattered ( $p<0.01$ ), as bibliotherapy performed better than waitlist (WL) groups (SMD= $-0.61$ , 95% CI  $-1.21$  to  $-0.02$ ;  $p=0.04$ ). Age played a role too, with teenagers seeing a significant benefit (SMD= $-0.78$ , 95% CI  $-1.42$  to  $-0.14$ ;  $p=0.02$ ), while the results for younger children were less certain (SMD= $-0.36$ , 95% CI  $-0.88$  to  $0.17$ ;  $p=0.18$ ). Interestingly, when parents were involved, the treatment didn't show a higher effect (SMD= $-0.20$ , 95% CI  $-0.74$  to  $0.34$ ;  $p=0.47$ ), but in studies where there was no parental involvement, bibliotherapy was significantly more effective (SMD= $-0.76$ , 95% CI  $-1.29$  to  $-0.15$ ;  $p=0.005$ ). Finally, when the researchers double-checked their work by removing small studies with 50 or fewer patients, the positive effect mostly disappeared, resulting in a much smaller SMD of  $-0.13$  (95% CI  $-0.36$  to  $0.11$ ;  $p=0.30$ ).

**Conclusions.** The authors concluded that bibliotherapy is an effective way to help teenagers with depression, although it works less well for children with anxiety. While the number of people dropping out was similar

between the reading and control groups, a sensitivity analysis and possible publication bias mean we still need more research to be 100% sure of these results. For children with anxiety, the results were not statistically significant, likely because many kids found the materials too hard to learn or simply lacked the time to start, which matches other studies where success depends on high motivation and less severe symptoms (Shoshani Helvitz, 2016; Newman et al, 2003; Lyneham & Rapee, 2006). To fix this, the researchers suggested that children need at least a little telephone contact with a therapist (Newman et al, 2003) or, even better, help from their parents, who can use their close relationship to motivate the child in a natural home environment (Rapee et al, 2006; Sampiao et al, 2016; Leong et al, 2009).

A family-focused approach might be the best way to handle the social and emotional struggles of depressed children (Ciechanowski et al, 2004). Even though bibliotherapy is generally acceptable, it can be tough for people who lack the self-discipline or cognitive ability to work alone, especially since many patients expect a doctor to take the lead rather than doing the work themselves (Rapee et al, 2006; Sánchez-Bahillo et al, 2014). Because the positive effects seemed much smaller in studies with more than 50 participants, the authors warn that smaller studies might have exaggerated how well the treatment works. Ultimately, the review supports bibliotherapy for adolescent depression but calls for future research to include long-term follow-ups at 3, 6, and 12 months, as well as more detailed analyses of how different levels of support and patient traits affect the final outcome.

#### References

- Ackerson et al., 1998 – Ackerson, J., Scogin, F., McKendree-Smith, N., & Lyman, R. D. (1998). Cognitive bibliotherapy for mild and moderate adolescent depressive symptomatology. *Journal of Consulting and Clinical Psychology*, 66(4): 685-690. Doi: <https://doi.org/10.1037//0022-006x.66.4.685>.
- Bandelow & Michaelis, 2015 – Bandelow, B., & Michaelis, S. (2015). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*, 17(3): 327-335. Doi: <https://doi.org/10.31887/DCNS.2015.17.3/bbandelow>.
- Beesdo et al., 2007 – Beesdo, K., Bittner, A., Pine, D.S., Stein, M.B., Höfler, M., Lieb, R., & Wittchen, H.U. (2007). Incidence of social anxiety disorder and the consistent risk for secondary depression in the first three decades of life. *Archives of General Psychiatry*, 64(8): 903-912. Doi: <https://doi.org/10.1001/archpsyc.64.8.903>.
- Belfer, 2008 – Belfer, M. L. (2008). A global perspective on child and adolescent mental health [Editorial]. *International Review of Psychiatry*, 20(3): 215-216. Doi: <https://doi.org/10.1080/09540260802028967>.

- Ciechanowski et al., 2004 – Ciechanowski, P., Wagner, E., Schmalzing, K., Schwartz, S., Williams, B., Diehr, P., Kulzer, J., Gray, S., Collier, C., & LoGerfo, J. (2004). Community-integrated home-based depression treatment in older adults: A randomized controlled trial. *JAMA*, 291(13): 1569–1577. Doi: <https://doi.org/10.1001/jama.291.13.1569>.
- Cipriani et al., 2016 – Cipriani, A., Zhou, X., Del Giovane, C., Hetrick, S.E., Qin, B., Whittington, C., Coghill, D., Fazel, S., Cuijpers, P., Shao, Y., Xie, P., & Cipriani, A. (2016). Comparative efficacy and tolerability of antidepressants for major depressive disorder in children and adolescents: A network meta-analysis. *The Lancet*, 388(10047): 881–890. Doi: [https://doi.org/10.1016/S0140-6736\(16\)30385-3](https://doi.org/10.1016/S0140-6736(16)30385-3).
- Cobham, 2012 – Cobham, V.E. (2012). Do anxiety-disordered children need to come into the clinic for efficacious treatment? *Journal of Consulting and Clinical Psychology*, 80(3): 465–476. Doi: <https://doi.org/10.1037/a0028205>.
- Costello et al., 2003 – Costello, E.J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of General Psychiatry*, 60(8): 837–844. Doi: <https://doi.org/10.1001/archpsyc.60.8.837>.
- Cuijpers, 1997 – Cuijpers, P. (1997). Bibliotherapy in unipolar depression: A meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, 28(2): 139–147. Doi: [https://doi.org/10.1016/s0005-7916\(97\)00005-0](https://doi.org/10.1016/s0005-7916(97)00005-0).
- Cuijpers et al., 2016 – Cuijpers, P., Cristea, I. A., Karyotaki, E., Reijnders, M., & Huibers, M. J. (2016). How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence. *World Psychiatry*, 15(3): 245–258. Doi: <https://doi.org/10.1002/wps.20346>.
- Cuijpers et al., 2010 – Cuijpers, P., Donker, T., van Straten, A., Li, J., & Andersson, G. (2010). Is guided self-help as effective as face-to-face psychotherapy for depression and anxiety disorders? A systematic review and meta-analysis of comparative outcome studies. *Psychological Medicine*, 40(12): 1943–1957. Doi: <https://doi.org/10.1017/S0033291710000772>.
- Cummings et al., 2014 – Cummings, C.M., Caporino, N.E., & Kendall, P.C. (2014). Comorbidity of anxiety and depression in children and adolescents: 20 years after. *Psychological Bulletin*, 140(3): 816–845. Doi: <https://doi.org/10.1037/a0034733>.
- DerSimonian & Laird, 1986 – DerSimonian, R., & Laird, N. (1986). Meta-analysis in clinical trials. *Controlled Clinical Trials*, 7(3): 177–188. Doi: [https://doi.org/10.1016/0197-2456\(86\)90046-2](https://doi.org/10.1016/0197-2456(86)90046-2).
- Ebert et al., 2016 – Ebert, D.D., Donkin, L., Andersson, G., Andrews, G., Berger, T., Carlbring, P., Huibers, M. J., Kleiboer, A., Konigbauer, J., Karyotaki, E., Mettenich, B., Murphy, R., Nguyen, A., Rozental, A., Salimi, N., Titov, N., van Straten, A., & Cuijpers, P. (2016). Does Internet-based guided-self-help for depression cause harm? An individual participant data meta-analysis on deterioration rates and its moderators in randomized controlled trials. *Psychological Medicine*, 46(13): 2679–2693. Doi: <https://doi.org/10.1017/S0033291716001562>.
- Egger et al., 1997 – Egger, M., Davey Smith, G., Schneider, M., & Minder, C. (1997). Bias in meta-analysis detected by a simple, graphical test. *BMJ*, 315(7109): 629–634. Doi: <https://doi.org/10.1136/bmj.315.7109.629>.
- Essau & Gabbidon, 2013 – Essau, C.A., & Gabbidon, J. (2013). Epidemiology, comorbidity and mental health services utilization. In C.A. Essau & T.H. Ollendick (Eds.), *The Wiley-Blackwell handbook of the treatment of childhood and adolescent anxiety* (pp. 3–22). Wiley. Doi: <https://doi.org/10.1002/9781118315132.ch1>.
- Fanner & Urquhart, 2008 – Fanner, D., & Urquhart, C. (2008). Bibliotherapy for mental health service users Part 1: A systematic review. *Health Information & Libraries Journal*, 25(4): 237–252. Doi: <https://doi.org/10.1111/j.1471-1842.2008.00821.x>.
- Fiske et al., 2009 – Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in older adults. *Annual Review of Clinical Psychology*, 5: 363–389. Doi: <https://doi.org/10.1146/annurev.clinpsy.032408.153621>.
- Garber & Weersing, 2010 – Garber, J., & Weersing, V.R. (2010). Comorbidity of anxiety and depression in youth: Implications for treatment and prevention. *Clinical Psychology: Science and Practice*, 17(4): 293–306. Doi: <https://doi.org/10.1111/j.1468-2850.2010.01221.x>.
- Gellatly, 2007 – Gellatly, J., Bower, P., Hennessy, S., Richards, D., Gilbody, S., & Lovell, K. (2007). What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression. *Psychological Medicine*, 37(9): 1217–1228. Doi: <https://doi.org/10.1017/S0033291707000062>.
- Gellatly, 2007 – Gellatly, J., Bower, P., Hennessy, S., Richards, D., Gilbody, S., & Lovell, K. (2007). What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression. *Psychological Medicine*, 37(9): 1217–1228. Doi: <https://doi.org/10.1017/S0033291707000062>.
- Gould & Clum, 1993 – Gould, R.R., & Clum, G.A. (1993). A meta-analysis of self-help treatment approaches. *Clinical Psychology Review*, 13(2): 169–186. Doi: [https://doi.org/10.1016/0272-7358\(93\)90039-0](https://doi.org/10.1016/0272-7358(93)90039-0).
- Hetrick et al., 2012 – Hetrick, S.E., McKenzie, J.E., Cox, G.R., Simmons, M.B., & Merry, S.N. (2012). Newer generation antidepressants for depressive disorders in children and adolescents. *Cochrane Database of Systematic Reviews*, 11(11): Article CD004851. Doi: <https://doi.org/10.1002/14651858.CD004851.pub3>.
- Higgins & Green, 2011 – Higgins, J.P.T., & Green, S. (Eds.). (2011). *Cochrane handbook for systematic reviews of interventions* (Version 5.1.0). The Cochrane Collaboration. URL: <https://training.cochrane.org/handbook/archive/v5.1.0/>.
- Hill et al., 2011 – Hill, R.M., Castellanos, D., & Pettit, J.W. (2011). Suicide-related behaviors and anxiety in children and adolescents: A review. *Clinical Psychology Review*, 31(7): 1133–1144. Doi: <https://doi.org/10.1016/j.cpr.2011.07.008>.
- Hopkins et al., 2015 – Hopkins, K., Crosland, P., Elliott, N., & Bewley, S. (2015). Diagnosis and management of depression in children and young people: Summary of updated NICE guidance. *BMJ*, 350: Article h824. Doi: <https://doi.org/10.1136/bmj.h824>.
- Jacob & De Guzman, 2016 – Jacob, J., & De Guzman, R.G. (2016). Effectiveness of taking in the good based-bibliotherapy intervention program among depressed Filipino female adolescents. *Asian Journal of Psychiatry*, 23: 99–107. Doi: <https://doi.org/10.1016/j.ajp.2016.07.011>.
- James et al., 2013 – James, A.C., James, G., Cowdrey, F.A., Soler, A., & Choke, A. (2013). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews*, (6): Article CD004690. Doi: <https://doi.org/10.1002/14651858.CD004690.pub3>.
- Leong et al., 2009 – Leong, J., Cobham, V. E., de Groot, J., & McDermott, B. (2009). Comparing different modes of delivery: A pilot evaluation of a family-focused, cognitive-behavioral intervention for anxiety-

- disordered children. *European Child & Adolescent Psychiatry*, 18(4): 231–239. Doi: <https://doi.org/10.1007/s00787-008-0723-7>.
- Lewis et al., 2012 – Lewis, C., Pearce, J., & Bisson, J. I. (2012). Efficacy, cost-effectiveness and acceptability of self-help interventions for anxiety disorders: Systematic review. *The British Journal of Psychiatry*, 200(1): 15–21. Doi: <https://doi.org/10.1192/bjp.bp.110.084756>.
- Lyneham & Rapee, 2006 – Lyneham, H.J., & Rapee, R.M. (2006). Evaluation of therapist-supported parent-implemented CBT for anxiety disorders in rural children. *Behaviour Research and Therapy*, 44(9): 1287–1300. Doi: <https://doi.org/10.1016/j.brat.2005.09.009>.
- Malhi et al., 2015 – Malhi, G.S., Bassett, D., Boyce, P., Bryant, R., Fitzgerald, P.B., Fritz, K., Hopwood, M., Lyndon, B., Mulder, R., Murray, G., Porter, R., & Singh, A.B. (2015). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders. *Australian & New Zealand Journal of Psychiatry*, 49(12): 1087–1206. Doi: <https://doi.org/10.1177/0004867415617657>.
- Matcham et al., 2014 – Matcham, F., Rayner, L., Hutton, J., Monk, A., Steel, C., & Hotopf, M. (2014). Self-help interventions for symptoms of depression, anxiety and psychological distress in patients with physical illnesses: A systematic review and meta-analysis. *Clinical Psychology Review*, 34(2): 141–157. Doi: <https://doi.org/10.1016/j.cpr.2014.01.005>.
- McNaughton, 2009 – McNaughton, J.L. (2009). Brief interventions for depression in primary care: A systematic review. *Canadian Family Physician*, 55(8): 789–796.
- Mendel et al., 2016 – Mendel, M.R., Harris, J., & Carson, N. (2016). Bringing bibliotherapy for children to clinical practice. *Journal of the American Academy of Child & Adolescent Psychiatry*, 55(7): 535–537. Doi: <https://doi.org/10.1016/j.jaac.2016.05.008>.
- Newman et al., 2003 – Newman, M.G., Erickson, T., Przeworski, A., & Dzus, E. (2003). Self-help and minimal-contact therapies for anxiety disorders: Is human contact necessary for therapeutic efficacy? *Journal of Clinical Psychology*, 59(3): 251–274. Doi: <https://doi.org/10.1002/jclp.10128>.
- Olfson & Marcus, 2010 – Olfson, M., & Marcus, S. C. (2010). National trends in outpatient psychotherapy. *American Journal of Psychiatry*, 167(12): 1456–1463. Doi: <https://doi.org/10.1176/appi.ajp.2010.10040570>.
- Owens et al., 2002 – Owens, P.L., Hoagwood, K., Horwitz, S.M., Leaf, P.J., Poduska, J.M., Kellam, S.G., & Ialongo, N.S. (2002). Barriers to children's mental health services. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(6): 731–738. Doi: <https://doi.org/10.1097/00004583-200206000-00013>.
- Polaha et al., 2015 – Polaha, J., Williams, S.L., Heflinger, C.A., & Studts, C.R. (2015). The perceived stigma of mental health services among rural parents of children with psychosocial concerns. *Journal of Pediatric Psychology*, 40(10): 1095–1104. Doi: <https://doi.org/10.1093/jpepsy/jsv054>.
- Rapee et al., 2006 – Rapee, R.M., Abbott, M.J., & Lyneham, H.J. (2006). Bibliotherapy for children with anxiety disorders using written materials for parents: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74(3): 436–444. Doi: <https://doi.org/10.1037/0022-006X.74.3.436>.
- Riley et al., 2011 – Riley, R.D., Higgins, J.P., & Deeks, J.J. (2011). Interpretation of random effects meta-analyses. *BMJ*, 342: Article d549. Doi: <https://doi.org/10.1136/bmj.d549>.
- Rohde et al., 2015 – Rohde, P., Stice, E., Shaw, H., & Gau, J.M. (2015). Effectiveness trial of an indicated cognitive-behavioral group adolescent depression prevention program versus bibliotherapy and brochure control at 1- and 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 83(4): 736–747. Doi: <https://doi.org/10.1037/ccp0000022>.
- Sampaio et al., 2016 – Sampaio, F., Enebrink, P., Mihalopoulos, C., & Feldman, I. (2016). Cost-effectiveness of four parenting programs and bibliotherapy for parents of children with conduct problems. *The Journal of Mental Health Policy and Economics*, 19(4): 201–212.
- Sánchez-Bahillo et al., 2014 – Sánchez-Bahillo, Á., Aragón-Alonso, A., Sánchez-Bahillo, M., & Birtle, J. (2014). Therapist characteristics that predict the outcome of multipatient psychotherapy: Systematic review of empirical studies. *Journal of Psychiatric Research*, 53: 149–156. Doi: <https://doi.org/10.1016/j.jpsychires.2014.01.016>.
- Shoshani Helvitz, 2016 – Shoshani Helvitz, I. (2016). Bibliotherapy as a clinical tool and its applications in diagnosis, treatment and teaching medicine. *Harefuah*, 155(12): 770–773.
- Stice et al., 2010 – Stice, E., Rohde, P., Gau, J. M., & Wade, E. (2010). Efficacy trial of a brief cognitive-behavioral depression prevention program for high-risk adolescents: Effects at 1- and 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 78(6): 856–867. Doi: <https://doi.org/10.1037/a0020544>.
- Thapar et al., 2012 – Thapar, A., Collishaw, S., Pine, D.S., & Thapar, A.K. (2012). Depression in adolescence. *The Lancet*, 379(9820): 1056–1067. Doi: [https://doi.org/10.1016/S0140-6736\(11\)60871-4](https://doi.org/10.1016/S0140-6736(11)60871-4).
- Thirlwall et al., 2013 – Thirlwall, K., Cooper, P.J., Karalus, J., Voysey, M., Willetts, L., & Creswell, C. (2013). Treatment of child anxiety disorders via guided parent-delivered cognitive-behavioural therapy: Randomised controlled trial. *The British Journal of Psychiatry*, 203(6): 436–444. Doi: <https://doi.org/10.1192/bjp.bp.113.126698>.
- Trosper et al., 2009 – Trosper, S.E., Buzzella, B.A., Bennett, S.M., & Ehrenreich, J.T. (2009). Emotion regulation in youth with emotional disorders: Implications for a unified treatment approach. *Clinical Child and Family Psychology Review*, 12(3): 234–254. Doi: <https://doi.org/10.1007/s10567-009-0043-6>.
- Waszczuk et al., 2014 – Waszczuk, M.A., Zavos, H.M., Gregory, A.M., & Eley, T.C. (2014). The phenotypic and genetic structure of depression and anxiety disorder symptoms in childhood, adolescence, and young adulthood. *JAMA Psychiatry*, 71(8): 905–916. Doi: <https://doi.org/10.1001/jamapsychiatry.2014.655>.
- Zhang et al., 2015 – Zhang, Y., Zhou, X., James, A.C., Qin, B., Whittington, C.J., Cuijpers, P., Cipriani, A., & Xie, P. (2015). Comparative efficacy and acceptability of psychotherapies for acute anxiety disorders in children and adolescents: Study protocol for a network meta-analysis. *BMJ Open*, 5(10): Article e008572. Doi: <https://doi.org/10.1136/bmjopen-2015-008572>.
- Zhou et al., 2015 – Zhou, X., Hetrick, S.E., Cuijpers, P., Qin, B., Barth, J., Whittington, C.J., Plener, P.L., Xie, P., & Cipriani, A. (2015). Comparative efficacy and acceptability of psychotherapies for depression in children and adolescents: A systematic review and network meta-analysis. *World Psychiatry*, 14(2): 207–222. Doi: <https://doi.org/10.1002/wps.20217>.

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**ЧИТАННЯ ДЛЯ ОЗДОРОВЛЕННЯ: ОГЛЯД ВИКОРИСТАННЯ КНИГ ДЛЯ ЛІКУВАННЯ  
ТРИВОЖНОСТІ ТА ДЕПРЕСІЇ У ДІТЕЙ**

**Анотація.** У цьому дослідженні детально розглядається дедалі гостріша криза депресії та тривожності, які, на жаль, стали основними викликами для психічного здоров'я сучасних дітей і підлітків. Науковці обґрунтовують доцільність бібліотерапії – використання книжок та спеціальних текстів як терапевтичного інструменту. Зазначається, що цей метод є зручним, доступним, конфіденційним і не потребує залучення великої кількості медичного персоналу.

Попри значний потенціал такого підходу, у роботі підкреслюється брак глибоких наукових даних щодо того, наскільки ефективно він працює саме для молоді аудиторії.

Щоб заповнити цю прогалину, автори поставили за мету перевірити, чи може читання для самопомоги стати повноцінним основним методом лікування молоді.

Для отримання об'єктивної картини дослідники провели ретельний мета аналіз, об'єднавши дані восьми рандомізованих контрольованих випробувань, у яких взяли участь майже тисяча учасників віком до 18 років.

Аналіз матеріалів з таких авторитетних баз даних, як PubMed і PsycINFO за період до початку 2017 року, дозволив розглянути результати бібліотерапії у широкому клінічному контексті. Застосувавши модель випадкових ефектів та дотримуючись суворих етичних стандартів, автори порівняли ефективність

читання зі стандартними методами догляду, що дозволило їхнім висновкам високого ступеня статистичної достовірності.

Отримані результати дають підстави для оптимізму: бібліотерапія продемонструвала статистично значуще полегшення симптомів порівняно з контрольними групами. Окрім доведеної ефективності, цей метод виявився цілком прийнятним для самих юних пацієнтів – показники відмови від лікування були низькими та не відрізнялися від звичайних програм допомоги.

Аналіз таких чинників, як вік та участь батьків, дозволив авторам стверджувати: найкращі результати спостерігалися саме у підлітків, які борються з депресією. Хоча вплив на дитячу тривожність ще потребує додаткового вивчення, дослідження підтверджує, що книжкова терапія є потужним ресурсом для допомоги депресивним підліткам, хоча для остаточного підтвердження цих перших успіхів необхідні подальші клінічні випробування.

**Ключові слова:** психотерапія; проблеми психічного здоров'я; інтервенція на основі книг; діти та підлітки; систематичний огляд; самокерована медична допомога.

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